



# REQUEST FOR MEDICATION

I request that my child, \_\_\_\_\_ be allowed to take the following prescribed medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section. I understand my child must be able to administer his or her own medications. An Adventure Leader will carry the medication during the trip. The Adventure Leader will provide the medication described below at the appropriate time.

All medications must be contained in the original pharmacy packaging!

( ) \*\*\*\*\* Check here if your child has NO medications to be dispensed during adventure

(1) Name of Medicine \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Dose Prescribed: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Reason for taking Medicine \_\_\_\_\_

(2) Name of Medicine \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Dose Prescribed: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Reason for taking Medicine \_\_\_\_\_

(3) Name of Medicine \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Dose Prescribed: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Reason for taking Medicine \_\_\_\_\_

(4) Name of Medicine \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Dose Prescribed: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Reason for taking Medicine \_\_\_\_\_

## Authorization

I authorize adventure leaders to carry and provide the above listed medications at the proper time with the dose prescribed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Return to: 1801 4<sup>th</sup> St NW  
87102-1425